

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/680393

FILING DATE

APPLICANT(S)

6/24/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		1				
10 2		1				
10 3		1				
10 4		1				
10 5		1				
10 6		1				
10 7		1				
10 8		1				
10 9		1				
11 10		1				
11 11		1				
11 12		1				
11 13		1				
11 14		1				
11 15		1				
11 16		1				
11 17		1				
11 18		1				
11 19		1				
11 20		1				
11 21		1				
11 22		1				
11 23		1				
11 24		1				
11 25		1				
11 26		1				
11 27		1				
11 28		1				
11 29		1				
11 30		1				
11 31		1				
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11 43						
11 44						
11 45						
11 46						
11 47						
11 48						
11 49						
11 50						
TOTAL IND.	1					
TOTAL DEP.	130					
TOTAL CLAIMS	131					

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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59						
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93						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 10680393
APPLICANT(S) _____

FILING DATE _____

6/24/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
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38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
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91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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